

change on a permanent basis and greatly appreciates the inclusion of the provision—even in the short term.

As amended, S. 1533, would:

(1) reauthorize the critically important Community Health Centers program for another five years, including reaffirmation that Health Centers should be: located in high-need areas; provide comprehensive preventive and primary health care services; governed by community boards made up of a majority of current health center patients to assure responsiveness to local needs; and, open to everyone in the communities they serve, regardless of ability to pay; and

(2) reauthorize the important Telehealth Programs, as well as the Rural Health Care Outreach Program and the Rural Health Network Development Program. In addition, S. 1533, as amended, would authorize a new Small Health Care Provider Quality Improvement Program. These programs will go a long way to facilitate the provision of care to vulnerable populations living in rural areas all across the country.

In closing, Mr. Speaker, this Member urges his colleagues to support S. 1533, as amended.

Mr. SHAYS. Mr. Speaker, I strongly support S. 1533, a bill which will reauthorize the Community Health Center program. This legislation ensures that community health centers will continue providing high-quality care to the medically underserved and neediest populations.

I have always been impressed with community health centers and have supported increasing the resources available to them. These centers have made wonderful contributions to the urban areas in the Fourth Congressional District, and the care they provide is as good or better than the care many patients with more comprehensive coverage receive.

Last year, these clinics served over 12 million people, 66 percent of whom live below the poverty level. Community health centers are located in 3,000 rural and urban communities throughout the country and provide quality cost-effective primary and preventive care for low-income, uninsured and underinsured patients.

By preventing costly hospitalizations and reducing the use of emergency care for routine services, it is estimated community clinics save the health care system over \$6 billion annually.

Mr. Speaker, I strongly support passage of this legislation so community health centers can continue providing high-quality, cost-effective care. I urge my colleagues to vote for this bill.

Mr. BALDACCIO. Mr. Speaker, today we will take another step toward promoting access to quality health care in Rural America. As a member of the House Rural Health Care Coalition, I am pleased with the overwhelming bipartisan support in both the House and Senate for the legislation we will pass today. Earlier this month we passed similar legislation by voice vote.

This bill supports a number of critical programs and grants leading to direct benefits to thousands of Maine citizens. There are 31 community health centers in the State of Maine, most of which are located in my district, the largest district in area east of the Mississippi River. Rural health care delivery has

been one of the top concerns of my constituents.

This bill reauthorizes the Community Health Centers Program, the National Health Service Corps, Rural Health Outreach and telehealth services. Significant improvements will be made to these programs. In particular, NHSC scholarship and loan expansions will enable rural areas to attract more mental health and dental providers. A focus on coordination and integration of telehealth networks through targeted grants will enable facilities across regions to improve direct, patient and training of providers. In addition, outreach grants, technical assistance grants, rural health network development grants, and small health care provider quality improvement grants will significantly expand access to quality health care services and enhance the delivery of health care in rural areas.

Mr. Speaker, I thank the Leadership for bringing this important bill to the Floor and encourage its speedy passage.

Mr. BILIRAKIS. Mr. Speaker, I rise in strong support of S. 1533, the Health Care Safety Net Improvement Act. As you know, the House recently approved the Health Care Safety Net Improvement Act by voice vote. Today we are considering a solid bipartisan compromise between the House and Senate on this important legislation. I urge all of my colleagues to support the bipartisan compromise we are considering today.

This legislation reauthorizes our nation's key health care safety net delivery systems and creates additional efficiencies. Specifically, this bill reauthorizes the Community Health Center program, the National Health Service Corps and rural outreach grants. Each of these programs ensures that both the uninsured and the underinsured have access to quality health care services.

Since 1965, America's health centers have delivered comprehensive services to people who otherwise would face major barriers to obtaining quality, affordable health care. Health centers serve those who are hardest to reach and are required by law to make their services accessible to everyone, regardless of their ability to pay.

One of the most important programs for ensuring an adequate supply of health professionals is the National Health Service Corps. The National Health Service Corps recruits, trains, and places primary care providers in both urban and rural health care shortage areas. Program participants are health professionals who receive educational assistance in return for a period of obligated service. Our legislation reauthorizes this vital program, which serves as a pipeline for health care facilities that have trouble attracting health professionals.

S. 1533 also recognizes the importance of oral health care and authorizes the inclusion of primary dental care education. Improving rural health is another area of focus in this legislation. Often rural communities have trouble developing capacity and maintaining health care facilities. Our bill includes programs that will help rural providers develop new service capacity and integrated health delivery networks. It will help rural facilities implement quality improvement initiatives.

Mr. Speaker, given recent events and news of increasing numbers of uninsured, it is vitally important that we keep our safety net strong. This bill will allow critical programs to con-

tinue. I am certain it will improve services for our most vulnerable populations. I urge Members to support this bipartisan agreement.

Mr. DINGELL. Mr. Speaker, I support S. 1533, the "Health Care Safety Net Amendments of 2002," an important piece of legislation. It reauthorizes the National Health Service Corps, the Community Health Centers program, and will establish a limited Community Access Program. S. 1533 is vital to providing health care services to the uninsured and under-insured. Health centers are located in more than 3,400 communities in all 50 states and often are the only available source of care for uninsured and medically underserved individuals.

We passed H.R. 3450, a very similar bill, two weeks ago, and are back with S. 1533 which incorporates changes to H.R. 3450 needed to assure speedy enactment. The most significant change is an improved Community Access Program, which helps local communities coordinate the use of scarce healthcare dollars. Other changes increase access to community healthcare programs. And the bill now authorizes demonstration projects for chiropractors and pharmacists within the National Health Service Corps, as well as provides a ten percent set-aside for loans and scholarships for disadvantaged individuals.

Health centers are effective and efficient providers of care to millions of our country's most vulnerable people. Ensuring access to primary and preventive care, regardless of insurance status or income, is an important component of our efforts here today. I urge adoption of this important legislation.

Ms. SOLIS. Mr. Speaker, I have no further speakers, and I yield back the balance of my time.

Mr. STEARNS. Mr. Speaker I have no further requests for time, and I yield back the balance of my time.

The SPEAKER pro tempore (Mr. GUTKNECHT). The question is on the motion offered by the gentleman from Florida (Mr. STEARNS) that the House suspend the rules and pass the Senate bill, S. 1533, as amended.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds of those present have voted in the affirmative.

Mr. STEARNS. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX and the Chair's prior announcement, further proceedings on this motion will be postponed.

RECESS

The SPEAKER pro tempore. Pursuant to clause 12 of rule I, the Chair declares the House in recess until approximately 2 p.m. today.

Accordingly (at 12 o'clock and 33 minutes p.m.), the House stood in recess until approximately 2 p.m. today.

□ 1400

AFTER RECESS

The recess having expired, the House was called to order by the Speaker pro tempore (Mr. SIMPSON) at 2 p.m.